

UNIT TERMINAL OBJECTIVE

- 3-1 At the completion of this unit, the paramedic student will be able to use the appropriate techniques to obtain a medical history from a patient.

COGNITIVE OBJECTIVES

At the completion of this unit, the paramedic student will be able to:

- 3-1.1 Describe the techniques of history taking. (C-1)
- 3-1.2 Discuss the importance of using open ended questions. (C-1)
- 3-1.3 Describe the use of facilitation, reflection, clarification, empathetic responses, confrontation, and interpretation. (C-1)
- 3-1.4 Differentiate between facilitation, reflection, clarification, sympathetic responses, confrontation, and interpretation. (C-3)
- 3-1.5 Describe the structure and purpose of a health history. (C-1)
- 3-1.6 Describe how to obtain a comprehensive health history. (C-1)
- 3-1.7 List the components of a comprehensive history of an adult patient. (C-1)

AFFECTIVE OBJECTIVES

At the completion of this unit, the paramedic student will be able to:

- 3-1.8 Demonstrate the importance of empathy when obtaining a health history. (A-1)
- 3-1.9 Demonstrate the importance of confidentiality when obtaining a health history. (A-1)

PSYCHOMOTOR OBJECTIVES

None identified for this unit.

DECLARATIVE

- I. Overview
 - A. Purpose
 1. This information is gathered on a patient by patient, case by case basis
 - B. Several parts
 1. Specific purpose
 2. Together they give structure
 - C. Does not dictate sequence
- II. Content of the patient history
 - A. Date
 1. Always important
 2. Time may also be a consideration
 - B. Identifying data
 1. Age
 2. Sex
 3. Race
 4. Birthplace
 5. Occupation
 - C. Source of referral
 1. Patient referral
 2. Referral by others
 - D. Source of history
 1. Patient
 2. Family
 3. Friends
 4. Police
 5. Others
 - E. Reliability
 1. Variable
 - a. Memory
 - b. Trust
 - c. Motivation
 2. Made at the end of the evaluation, not the beginning
 - F. Chief complaint
 1. Main part of the health history
 2. The one or more symptoms for which the patient is seeking medical care for
 - G. Present illness
 1. Identifies chief complaint
 2. Provides a full, clear, chronological account of the symptoms
 - H. Past history
 1. General state of health
 2. Childhood illnesses
 3. Adult illnesses
 4. Psychiatric illnesses
 5. Accidents and injuries

- 6. Operations
 - 7. Hospitalizations
 - I. Current health status
 - 1. Focuses on present state of health
 - 2. Environmental conditions
 - 3. Personal habits
 - a. Current medications
 - b. Allergies
 - c. Tobacco use
 - d. Alcohol, drugs and related substances
 - e. Diet
 - f. Screening tests
 - g. Immunizations
 - h. Sleep patterns
 - i. Exercise and leisure activities
 - j. Environmental hazards
 - k. Use of safety measures
 - l. Family history
 - m. Home situation and significant other
 - n. Daily life
 - o. Important experiences
 - p. Religious beliefs
 - q. Patients outlook
 - J. Review of body systems
- III. Techniques of history taking
- A. Setting the stage
 - 1. Reviewing the medical history
 - a. Briefly review any previous medical records available
 - b. Important insight
 - (1) Referral
 - (2) Life experience
 - (3) Past diagnosis and treatment
 - 2. The environment
 - a. Proper environment enhances communication
 - b. Place for you and the patient to sit
 - c. Be cautious of power relationship
 - d. Personal space
 - 3. Your demeanor and appearance
 - a. Just as you are watching the patient, the patient will be watching you
 - b. Messages of body language
 - c. Clean, neat, professional appearance
 - 4. Note taking
 - a. Difficult to remember all details
 - b. Most patients are comfortable with note taking
 - (1) If concerns arise, explain your purpose
 - (2) Do not divert your attention from the patient to take notes

- B. Learning about the present illness
1. Greeting the patient
 - a. Greet by name
 - b. Shake hands
 - c. Avoid the use of unfamiliar or demeaning terms such as Granny or Hon, etc.
 2. The patient's comfort
 - a. Be alert to patient comfort levels
 - b. Inquire about the patient's feelings
 - c. Watch for signs of uneasiness
 3. Opening questions
 - a. Find out why the patient is seeking medical care or advice
 - b. Use a general, open-ended question
 - c. Follow the patient's leads
 - (1) Facilitation
 - (a) Your posture, actions or words should encourage the patient to say more
 - (b) Making eye contact or saying phrases such as "Go-on" or "I'm listening" may help the patient to continue
 - (2) Reflection
 - (a) Repetition of the patient's words that encourage additional responses
 - (b) Typically does not bias the story or interrupt the patient's train of thought
 - (3) Clarification
 - (a) Used to clarify ambiguous statements or words
 - (4) Empathetic responses
 - (a) Use techniques of therapeutic communication to interpret feelings and your response
 - (5) Confrontation
 - (a) Some issues or response may require you to confront patients about their feelings
 - (6) Interpretation
 - (a) Goes beyond confrontation, requires you to make an inference
 - (7) Asking about feelings
 4. Getting more information
 - a. Attributes of a symptom
 - (1) Location
 - (a) Where is it
 - (b) Does it radiate
 - (2) Quality
 - (a) What is it like
 - (3) Quantity or severity
 - (a) How bad is it
 - (b) Attempt to quantify the pain
 - i) 1 - 10 scale
 - ii) Other scales
 - (4) Timing

- (a) When did it start
 - (b) How long does it last
 - (5) The setting in which it occurs
 - (a) Emotional response
 - (b) Environmental factors
 - (6) Factors that make it better or worse
 - (7) Associated manifestations
 - C. Clinical reasoning
 - 1. Results of questioning may allow you to think about associated problems and body systems
 - D. Direct questions
 - 1. To gather additional information, direct questions may be required
 - 2. Should not be leading questions
 - 3. Ask one question at a time
 - 4. Use language that is appropriate
 - E. Taking a history on sensitive topics
 - 1. Alcohol and drugs
 - 2. Physical abuse or violence
 - 3. Sexual history
- IV. Special challenges
 - A. Silence
 - 1. Silence is often uncomfortable
 - 2. Silence has meaning and many uses
 - a. Patients may use this to collect their thoughts, remember details or decide whether or not they trust you
 - b. Be alert for nonverbal clues of distress
 - 3. Silence may be a result of the interviewer's lack of sensitivity
 - B. Overly talkative patients
 - 1. Faced with a limited amount of time interviewers may become impatient
 - 2. Although there are no perfect solutions, several techniques may be helpful
 - a. Lower your goals, accept a less comprehensive history
 - b. Give the patient free reign for the first several minutes
 - c. Summarize frequently
 - C. Patients with multiple symptoms
 - D. Anxious patients
 - 1. Anxiety is natural
 - 2. Be sensitive to nonverbal clues
 - E. Reassurance
 - 1. It is tempting to be overly reassuring
 - 2. Premature reassurance blocks communication
 - F. Anger and hostility
 - 1. Understand that anger and hostility are natural
 - 2. Often the anger is displaced toward the clinician
 - 3. Do not get angry in return
 - G. Intoxication
 - 1. Be accepting not challenging

-
-
- 2. Do not attempt to have the patient lower their voice or stop cursing; this may aggravate them
 - 3. Avoid trapping them in small areas
 - H. Crying
 - 1. Crying, like anger and hostility may provide valuable insight
 - 2. Be sympathetic
 - I. Depression
 - 1. Be alert for signs of depression
 - 2. Be sure you know how bad it is
 - J. Sexually attractive or seductive patients
 - 1. Clinicians and patients may be sexually attracted to each other
 - 2. Accept these as normal feelings, but prevent them from affecting your behavior
 - 3. If a patient becomes seductive or makes sexual advances, frankly but firmly make clear that your relationship is professional not personal
 - K. Confusing behaviors or histories
 - 1. Be prepared for the confusion and frustration of varying behaviors and histories
 - 2. Be alert for mental illness, delirium or dementia
 - L. Limited intelligence
 - 1. Do not overlook the ability of these patients to provide you with adequate information
 - 2. Be alert for omissions
 - 3. Severe mental retardation may require you to get information from family or friends
 - M. Language barriers
 - 1. Take every possible step to find a translator
 - 2. A few broken words are not an acceptable substitute
 - N. Hearing problems
 - 1. Very similar to patients with a language barrier
 - 2. If the patient can sign, make every effort to find a translator
 - O. Blind patients
 - 1. Be careful to announce yourself and to explain who you are and why you are there
 - P. Talking with family and friends
 - 1. Some patients may not be able to provide you with all information
 - 2. Try to find a third party who can help you get the whole story